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ABSTRACT

This document describes a youth suicide prevention program in Arizona developed jointly by the Help On Call Crisis Line and the Family Crisis Service to provide an area-wide school-based prevention program for use in a multicultural community. A review of programs in other cities and states is described and the decision to develop a cognitive-behavioral model is explained. The formation of a team to assist in developing the program objectives, reviewing the proposed lesson plans and workshop outlines, and helping control community resistance is also described. Program goals are identified and the holding of a one-day city-wide conference for high school counselors to introduce them to the program is discussed. Classroom presentations of the program are described and classroom techniques of guided imagery, group discussion, and role play are explained. The adult in-service portion of the program is described as a way to provide general information to school personnel and parents about adolescent development, pathological and normative depression, and how to respond to a troubled youth. Difficulties encountered in implementing the program and in reaching native American youth living on reservations are reviewed. (NB)

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YOUTH SUICIDE PREVENTION PROGRAM:

A PROJECT OF HELP ON CALL AND FAMILY CRISIS SERVICE

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YOUTH SUICIDE PREVENTION PROGRAM
A PROJECT OF HELP ON CALL AND FAMILY CRISIS SERVICE

Nationally the suicide rate among adolescents has risen dramatically, almost 200% in the last 20 years and suicide is now the second leading cause of death in young people (15-24yr). Arizona is no exception to that national trend and has consistently ranked in the top five states. Like many western states Arizona has experienced enormous in and out migration in the last decade, a factor which correlates highly with the suicide rate. Tucson is the major educational, cultural, and financial center for Southern Arizona, located 60 miles north of the U.S.-Mexican border (23% of the population is of Hispanic origin) and adjacent to the Tohono O'Odham, San Xavier, and Pascua Yaqui reservations. While Native American youth account for less than 7% of the population, they account for almost 17% of the suicides in the adolescent age group. In 1985 the Arizona Department of Health Services began funding a joint project by the Help On Call Crisis Line and Family Crisis Service to develop and implement an area-wide school based prevention program for use in a multi-cultural community.

We began by researching the available models in other cities and states to identify the key elements needing to be addressed with young people. We felt an effective model must involve cognitive awareness of the issues as well as promoting behavioral and attitudinal changes. We further felt it was important to open up a dialogue with all of the teenagers' communities including school nurses, counselors, teachers, and administrators as well as parents and peers. Since the reports of other programs also suggested that schools were not always as receptive to the idea of suicide prevention as we might like, we developed a strategy for including influential school personnel in the planning stages. A team was made up of a prevention specialist, a suicide expert, a former teacher (local), and the head counselor for the largest school district. The team's responsibility was to assist in developing the program objectives, reviewing the proposed lesson plans and workshop outlines, and helping trouble shoot any community resistance. The

major program goals were to: involve all of the teens communities, promote effective coping strategies for dealing with depression, identify teens who are at-risk, develop better intervention skills, identify school and community resources, and provide follow-up and consultation to the schools. The major components include: a parent meeting, faculty/staff in-service, special training for counselors and school nurses, a two part classroom presentation, and post-vention response for serious attempts or completed suicides. Our primary bias was to create a self-sustaining program that further developed and strengthened existing support networks through education, training and back-up consultation.

We wanted to develop a program that would maximize our training skills while reaching the largest number of young people. While we would provide the introductory in-services for parents and faculty, our intent was to train the school counselors to present all parts of the program, particularly the actual classroom presentations so that students would readily identify in-school resources and so that the counselors could continue to present the model long after our initial involvement. The interactive format allowed flexibility in working with groups from varied social, educational, and cultural backgrounds. The program was designed to strengthen existing support networks by identifying and reinforcing important cultural values along with highlighting community and school based resources.

We began with a one day city-wide conference for all high school counselors to introduce them to the Youth Suicide Prevention Program as well as provide them with general information about teen suicide and specific techniques for working with suicidal clients. While counselors in general had good basic information about suicide, many were reluctant to confront a students' suicidal messages. Counselors often expressed fears about their lack of skill in working directly with suicidal youth so much of the workshop focused on counseling techniques including the use of a lethality assessment and a no-

suicide contract. Counselors also expressed mixed reactions about our request that they do the classroom presentations with students. Their reluctance tended to center on the lack of time in their current schedules, their lack of anecdotal stories to use in the discussion with students, or their perceived discomfort level with the material. Fortunately we had the head of the counselors backing the need for this program in the schools and insisting that they make time for the project. We followed up with the head counselor for each of the area high schools and made appointments to meet and discuss the logistics of the program in more detail and set times for the faculty and parent in-services and classroom demonstrations.

The counselors concerns helped us further focus the classroom presentations and develop a detailed script that included anecdotal stories and many of the typical questions we had encountered through numerous speaking engagements. The first day in the classroom focuses on depression. Students join in a discussion of what depression looks and feels like, the events that cause stress with a special emphasis on the internal messages that go along with a particular event. Next students are led through a guided fantasy that focuses on a time in the past when they felt depressed. Again they are asked to be aware of the physical as well as emotional feelings, to notice the changes in their behavior and thought patterns and also to notice how others treated them. In particular students are asked to remember those things which others did or said (or things they did for themselves) that made the depression worse. They are then asked to recall those things which were done or said that helped lift the depression. Since young people are often unaware that the depression will end, they were also asked to remember how they knew when the depression was over. A discussion then follows, listing on the board those things which hurt, those which help, and those which one can do for oneself. The exercise helps students to recognize that they are not alone in their feelings while offering them tangible

suggestions for helping themselves as well as others. The second day focuses specifically on suicide through discussion, stories and role-plays. Building on the previous day's discussion of depression students are encouraged to recognize suicidal threats as cries for help. While students talk about their own experiences with suicidal peers, specific myths such as "suicidal people really want to die", "suicide is quick and painless" are explored and replaced with facts. Finally a role-play of two friends ends with one asking the other to keep suicidal information confidential and students are asked to consider the various ways of responding to this hypothetical situation, exploring available resources.

The adult in-services are structured to provide general information about adolescent development, pathological vs. normative depression, and how to respond to a troubled youth. Specific suggestions are offered to each group about the particular changes they might notice and role-plays are used to demonstrate possible ways of opening up communication. We work with school faculty to develop and strengthen internal referral procedures to school counselors and social workers and emphasize reporting their concerns about particular students rather than dismissing the warning signs. Additionally they are presented with a model for handling a school-wide tragedy such as a sudden death or suicide. Parents are encouraged to recognize the limitations of their control and much of the time is spent discussing the importance of developing good communication skills and modeling positive ways of handling stress. We finish the session by bringing these messages from the many students we have talked with: 1. show me how to handle my problems instead of taking over for me, 2. don't take on my failures as yours, it's hard enough handling my own feelings without feeling responsible for yours too; 3. don't compare me with others, treat me as an individual; 4. don't jump in with advice, sometimes I just want you to listen.

In schools with active drama departments or where peer counseling programs were in place, we often trained students to present the role-plays and lead the discussions. Again this helped to reinforce readily available resources and often helped the peer counselors identify at-risk students. As an outgrowth of the interest expressed by many teens to assist their peers we began sponsoring the Teen Talk Line in January, 1987. We recruited citywide and provided 16 hours of training to high school students. The TTL is currently operating five evenings a week with mixed results. Retention of volunteers through the start-up phase has been difficult, particularly on Friday and Saturday evenings. On the other hand we have a core of devoted volunteers and it is our hope that with continued recruitment and training we will be able to stabilize and expand our services by next fall.

The initial resistance of school counselors and administrators was often replaced with praise for the program. Counselors frequently reported that more students were walking in for counseling or referring troubled friends. When several tragic deaths occurred during the school year faculty and staff were prepared and mobilized an immediate response. To date, some part of the program has been successfully implemented in all area high schools and twelve of the junior highs and requests are now coming from elementary schools as well. Despite the numerous successes there have been some ongoing frustrations. By and large parents have been a difficult audience to reach through the schools and we have probably reached more of them through our general speaking engagements to clubs, organizations, and churches. Also, although we have worked specifically with the Native American counselors in the school district and representatives from the various tribes we have had few requests to work directly with tribal youths living on the near-by reservations.

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